

Scabies

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Scabies

Scabies is a common skin infestation caused by a microscopic parasite called a mite. The female mite burrows under the skin to lay her eggs, which subsequently hatch and start the infestation cycle again. The average number of mites per patient is usually only 10-12.

Symptoms of scabies do not appear until weeks after exposure. The skin reaction is probably due, in part, to a sensitization or "allergic" reaction to the mites. On re-exposure, symptoms can start within days. The infestation is in the form of an intensely itchy rash, which consists of red bumps and burrows (i.e., short, wavy, thread-like lines in the skin). Due to the vigorous scratching caused by the itching, scratch marks may cover up the typical appearance of the rash.

The areas most commonly involved are the sides of the fingers and finger-webs, wrists, elbows, underarms, belt lines, thighs, navel, penis, areas surrounding nipples, abdomen, outer borders of the feet and lower portion of the buttocks. However, in infants younger than 2-years, the rash looks more like blistered circular-shaped sacs with fluid.

Who gets this disease?

Anyone who has contact with the mite can become infested with scabies.

How is it spread?

The mite is spread by direct skin-to-skin contact, or by skin contact with clothes, bedding, etc. that the mites have crawled onto. The mites can survive only three days off the body and cannot jump or fly. They require direct contact with skin to spread. The incubation period for this disease is two- to six-weeks after exposure.

How is it diagnosed and treated?

It can be diagnosed by the typical appearance of the rash and accompanying symptoms and by examining skin scrapings under the microscope to see the mite or its eggs.

Scabies is treated with one of several prescription mite-killing creams or lotions, which are applied once to the skin and then washed off after a specified

period of time. Medicine to relieve the itching is often necessary. (Note: Even after effective therapy, itching can persist for up to two- to four-weeks.) Treatment is recommended for all household members - even those without symptoms - once, due to the high likelihood of spread within a household. Prophylactic treatment is also recommended for people who have had direct skin-to-skin contact with an infected individual.

How can the spread of this disease be prevented?

1. Follow previously outlined principles of hand washing and cleanliness at the child care facility.
2. Children should not share personal items, cribs, mats or clothing.
3. Each child's dirty clothing should be stored separately and sent home for laundering.
4. If a case of scabies occurs in the center: Wash and dry on the hot cycle all washable items belonging to the center that came into contact with the child's skin during the 72-hours prior to treatment. Difficult-to-wash items (e.g., stuffed toys, pillows) can be stored in tightly closed plastic bags for four days and then used again. (Note: The mite cannot live off the body for more than three days.) Thoroughly vacuum any carpet or upholstered furniture.
5. Pesticide sprays are not recommended and can be harmful to people and animals.
6. If a rash appears suspicious for scabies is noticed on a child in the child care center, tell the parents the child should be seen by a healthcare provider.

Who should be excluded?

Infected individuals should be excluded until treatment is completed. If two or more cases occur in a day care center, call the Bureau of Communicable Disease Control for further recommendations.

Reportable?

No, Scabies is not reportable by New Hampshire law. However, Bureau public health nurses are available for consultation.